

Scoring Guide for CSA Screenings

Developed by



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1 HOW TO ADMINISTER AND SCORE THE CSA SCREENING PACKAGE

There are six questionnaires that are included in the screening assessment package. The battery includes three alcohol questionnaires and three drug questionnaires:

Alcohol

- 1) **Michigan Alcohol Screening Test (MAST);**
- 2) **Short Alcohol Dependence Data (SADD);**
- 3) **Stages of Change Readiness and Treatment Eagerness Scale (Alcohol); and,**

Drugs

- 4) **Drug Abuse Screening Test (DAST);**
- 5) **Severity of Dependence Scale (SDS);**
- 6) **Socrates (Drugs).**

The screening assessment package that you are going to administer has been extensively tested with offender and non-offender populations to produce valid and reliable results regarding the extent and nature of substance abuse problems.

1.1 HOW TO ADMINISTER THE CSA SCREENING PACKAGE

Goal and Direction of the Administration

The goal of the Administrator is to encourage the offender to fully cooperate in the assessment process and requirements. Standardized assessment procedures ensure that information is collected in a fair and objective fashion. Attention should be directed at developing rapport with the offender whereby each individual's participation is recognized by the administrator(s).

Follow these steps:

Distribute the screening assessment package either individually or with a group of offenders.

Follow up by saying:

- “We would like you to complete the questionnaires in front of you. They ask questions about your alcohol and drug use.”
- “Please do not fill out any information until I have explained how everything works.”
- “There are six questionnaires, three on alcohol and three on drugs, that take approximately 15-20 minutes to complete.”

- “The questionnaires help to understand your substance use patterns.”
- “Not everyone is the same so we want to make sure we understand your substance use history from your own point of view, this is why we are asking for your assistance.”
- “We are also interested in learning about the degree to which everyone is ready to get involved in treatment.”
- “Carefully read all of the instructions at the top of each of the questionnaires (this is really important to remember). If there is anything that you are unsure about, please ask for my help” (Administrators should also read this information aloud to the group).
- “Do not hesitate to ask questions if you are unsure on how to complete the questionnaires.”
- “It is important to check only ONE answer for each item on the questionnaires and to answer every question in the package.”

Final points on how to answer the questions on the questionnaires:

- “The first and second questionnaires are called the SADD and SDS. Be sure to answer these questions based on your use of alcohol and drugs 12 months prior to your arrest.”
- “The third and fourth questionnaires are called the MAST and DAST. Be sure to answer these questions based on your use of alcohol and drugs over a lifetime.”
- “The fifth and sixth questionnaires are called the SOCRATES, one for alcohol and the other for drugs. The SOCRATES asks you how much you agree or disagree **RIGHT NOW**. Be sure to answer the SOCRATES based on how you feel right now.”

NOTE:

It is critical that the participants understand the proper time frame to be used is the 12 months before they were arrested when completing the SADD and SDS.

1.2 FINAL ADMINISTRATION TIPS

Administrators should pay close attention to the offender(s) while they are working on the assessment package.

This hand-scoring package was designed as a measure to allow you to quickly assess offenders when you do not have access to the CSA. You must enter the hand scoring results from the screening package into the computer as soon as you have access to the network version of the CSA. Upon viewing/printing of **Screening Assessment Report - Part1** in the CSA, compare the accuracy of your hand-calculated total scores with the scores printed on the report. Note: Raw scores should not be interpreted. Generally, a higher raw score indicates higher severity, however, an algorithm must be applied for the final determination of severity.

Offenders with literacy problems should be pulled aside so that the questionnaires can be read to them separately.

NOTE:

Carefully review each questionnaire to make sure that every question is filled out properly once the package is completed.

1.3 STEPS TO SCORING THE CSA QUESTIONNAIRES

When the respondent has completed the screening, we recommend scoring the CSA questionnaires as follows. For additional assistance, please see section **4 Scoring Examples**.

Note: There is no scoring key for SOCRATES questionnaires. Do not score them.

1. Locate the Scoring Key for a given Questionnaire (e.g. SDS, SADD, MAST, DAST).
2. Match each Questionnaire Response with the corresponding value on the Scoring Key.
3. Write each Scoring Key value next to each response on the Questionnaire.
4. Calculate the final score for the Questionnaire by totaling all the response scores for that Questionnaire. **Please read the following note about scoring SDS.**

Note: The final score for SDS is derived slightly differently from the other Questionnaires because SDS has three parts. Please follow these steps to complete SDS scoring:

- a. Begin to score SDS as you would any of the other Questionnaires by totaling response scores for ALL questions answered in Parts 1, 2, and 3.
- b. Count the number of drugs checked in SDS, Part 1 by the respondent. (Maximum 3.)
- c. For the final SDS score, divide the total score from **step a** (above) by the number of drugs you counted in **step b**.
- d. Round up any fractional score to the next whole number. (e.g. score 11.35 = 12)

5. Mark the final score on the Questionnaire, preferably at the bottom of the page.
6. After scoring all of the Questionnaires, determine the Overall Severity score using the method described in **4 Overall Severity Scoring Procedure**. Refer to **3 Overall Severity Descriptions** for additional information about Overall Severity determinations.

IMPORTANT NOTE:

After completing the screening and its scoring, be sure to input the results of the hand administration of the screening packet into the automated Computerized Screening Assessment (CSA) system as soon as possible. For scoring accuracy, compare your hand-scored results with the scores provided at the bottom of the **Screening Assessment Report – Part 1** in the CSA. Please note, raw scores should not be interpreted. Generally, a higher raw score indicates higher severity, however, an algorithm must be applied for the final determination of severity.

2 SCORING KEYS

Use the following scoring keys to determine the value for response in each Questionnaire.

2.1 SADD SCORING KEY

The SADD Scoring Key is simple. All questions use the same response values:

Maximum Possible SADD Score: 45.

<i>SADD Scoring Key</i>	Never	Sometimes	Often	Nearly Always
Response values for <i>ALL</i> SADD questions.	0	1	2	3

2.2 SDS SCORING KEY

Like the SADD Scoring Key, the SDS Scoring Key is simple, also. All questions use the same response values. SDS has three parts. Score each part the same way, as shown in this scoring key:

Maximum Possible SDS Score: 15. (Applies to any individual SDS Part, or averaged final SDS score).

<i>SDS Scoring Key</i>	Never / Almost Never	Sometimes	Often	Always / Nearly Always
Response values for <i>ALL</i> SDS questions.	0	1	2	3

NOTE:

In the case where a respondent has used more than one drug, s/he may answer the questions in SDS, Part 1, 2 and 3. Score each part of the SDS by using the scoring key above. For additional explanation on scoring SDS, see **1.3 Steps to Scoring the CSA Questionnaires**.

2.3 MAST SCORING KEY

The MAST Scoring Key is the most complicated. In MAST scoring, responses of **Yes** or **No** may have a number of different values depending on which question the respondent is answering.

Shaded boxes (☐) indicate no score (value of 0) for the given response.

Maximum Possible MAST Score: 55

MAST Scoring Key

		Yes	No
1.	Do you feel you are a normal drinker?		2
2.	Have you ever awakened the morning after some drinking the night before and found you could not remember a part of the evening before?	2	
3.	Does your wife, husband, partner or parents ever worry or complain about your drinking?	1	
4.	Can you stop drinking without a struggle after one or two drinks?		2
5.	Do you ever feel bad about your drinking?	1	
6.	Do friends and relatives think you are a normal drinker?		2
7.	Do you ever limit your drinking to certain times of the day or to certain places?		2
8.	Are you always able to stop drinking when you want to?		5
9.	Have you ever attended a meeting of Alcoholics Anonymous (AA)?	1	
10.	Have you gotten into fights when drinking?	2	
11.	Has drinking ever created problems with you and your spouse/partner?	2	
12.	Has your spouse/partner/other family member ever gone to anyone for help about your drinking?	2	
13.	Have you ever lost friends or girlfriends/boyfriends because of drinking?	2	
14.	Have you ever gotten into trouble at work because of drinking?	2	
15.	Have you ever lost a job because of drinking?	2	
16.	Have you ever neglected your obligations, your family or your work for two or more days in a row because you were drinking?	1	
17.	Do you ever drink before noon?	2	
18.	Have you ever been told you have liver trouble or cirrhosis?	2	
19.	Have you ever had delirium tremens (DTs), severe shaking, heard voices, or seen things that weren't there after heavy drinking?	2	
20.	Have you ever gone to anyone for help about your drinking?	5	
21.	Have you ever been in a hospital because of drinking?	5	
22.	Have you ever been a patient in a psychiatric hospital or mental health clinic or on a psychiatric ward of a hospital where drinking was part of the problem?	2	
23.	Have you ever been seen at a psychiatric or mental health clinic or gone to a doctor, social worker or clergyman for help with an emotional problem in which drinking had played a part?	2	
24.	Have you ever been arrested, even for a few hours, because of drunk behavior?	2	
25.	Have you ever been arrested for drunk driving or driving after drinking?	2	

2.4 DAST SCORING KEY

The DAST Scoring Key is slightly more complicated than scoring for SDS and SADD. In DAST scoring, almost all **Yes** responses are valued at **1**, and almost all responses of **No** are valued at **0**. **Note: There are 3 scoring exceptions;** for Questions **4**, **5**, and **7**, responses of **No** are valued at **1**.

Shaded boxes (☐) indicate no score (value of 0) for the given response.

Maximum Possible DAST Score: 28

<i>DAST Scoring Key</i>		Yes	No
1.	Have you used drugs other than those required for medical reasons?	1	
2.	Have you abused prescription drugs?	1	
3.	Do you abuse more than one drug at a time?	1	
4.	Can you get through the week without using drugs (other than those required for medical reasons)?		1
5.	Are you always able to stop using drugs when you want to?		1
6.	Do you abuse drugs on a continuous basis?	1	
7.	Do you try to limit your drug use to certain situations?		
8.	Have you had "blackouts" or "flashbacks" as a result of drug use?	1	
9.	Do you ever feel bad about your drug use?	1	
10.	Does your spouse/partner/parents ever complain about your involvement with drugs?	1	
11.	Do your friends or relatives know or suspect you use drugs?	1	
12.	Has drug abuse ever created problems between you and your spouse/partner?	1	
13.	Has any family member ever sought help for problems related to your drug use?	1	
14.	Have you ever lost friends because of your drug use?	1	
15.	Have you ever neglected your family or missed work because of drug use?	1	
16.	Have you ever been in trouble at work because of drug use?	1	
17.	Have you ever lost a job because of drug use?	1	
18.	Have you gotten into fights when under the influence of drugs?	1	
19.	Have you ever been arrested because of unusual behavior while under the influence of drugs?	1	
20.	Have you ever been arrested for driving while under the influence of drugs?	1	
21.	Have you engaged in illegal activities in order to obtain drugs?	1	
22.	Have you ever been arrested for possession of illegal drugs?	1	
23.	Have you ever experienced withdrawal symptoms as a result of heavy drug intake?	1	
24.	Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc)	1	
25.	Have you ever gone to anyone for help for a drug problem?	1	
26.	Have you ever been in a hospital for medical problems related to your drug use?	1	
27.	Have you ever been involved in a treatment program specifically related to drug use?	1	
28.	Have you been treated as an outpatient for problems related to drug use?	1	

3 OVERALL SEVERITY DESCRIPTIONS

A respondent's Overall Severity is determined after all of the individual questionnaires are scored, by examining combinations of the individual questionnaire scores. The levels of Overall Severity are **None**, **Low**, **Moderate**, **Substantial**, and **Severe**. These levels correspond to numerical equivalents, **1**, **2**, **3**, **4**, and **5**, respectively.

The following table defines and describes each level of Overall Severity:

Level	Name	Description
1	None	Persons who fall in this range have either not reported using any alcohol or drugs or have never experienced any problems with alcohol or drugs, even minor ones.
2	Low	Persons who fall in this range have reported use of alcohol or drugs, but no or very few problems associated with their substance use.
3	Moderate	Persons who fall in this range have begun to experience some problems as a result of their alcohol or drug use, but are not yet reporting signs of physical dependence upon substances.
4	Substantial	Persons who fall in this range have experienced significant problems with alcohol or drug use, and report mild to moderate symptoms of physical dependence. It is often difficult for these individuals to function day to day without alcohol or drugs.
5	Severe	Persons who fall in this range have experienced severe problems with alcohol or drug use, and report severe signs of physical dependence on substances. They find it difficult to function at all unless they have used alcohol or drugs. They often have severe withdrawal symptoms when they stop using.

Follow the steps in **4 Overall Severity Scoring Procedure** to determine a respondent's overall severity.

4 OVERALL SEVERITY SCORING PROCEDURE

Follow the instruction steps in each section below, moving to the next appropriate section as directed.

Section 1: Collect Respondent Scores

Instructions: Collect the scores for the individual tests and write them here:

SADD	SDS	MAST	DAST

Now proceed to **Section 2**.

Section 2: Determine Drug Status

Instructions: Complete the following evaluations by checking the appropriate boxes.

Row	Test to Examine	Evaluation	Your Response
A	SDS	Did respondent check any of the drug boxes in SDS, Part 1? (Boxes 1, 2, 3, 4, 5, or 6)	YES <input type="checkbox"/> NO <input type="checkbox"/>
B	DAST	Is respondent score for DAST more than 0?	YES <input type="checkbox"/> NO <input type="checkbox"/>
C		If either Row A <i>OR</i> Row B is checked for Yes , Check the Drugs box to the right.	DRUGS <input type="checkbox"/>

Now proceed to **Section 3**.

Section 3: Examine DRUGS Checkbox

Instructions: Proceed to the appropriate section according to whether the **DRUGS** checkbox in **Section 2** is checked:

If **DRUGS** is checked ☒, proceed to **Section 4**.

If **DRUGS** is **NOT** checked ☐, proceed to **Section 8**.

DRUGS is Checked (☑) in Section 2

Section 4

Step 1. Examine scores for **SADD** and **SDS**:

If **SADD** is **more than 4, OR**

If **SDS** is **more than 3...**



Proceed to Section 5

Step 2. Examine scores for **MAST** or **DAST**:

If **MAST** is **between 6 and 13, OR**

If **DAST** is **between 4 and 7...**



Overall Severity

LOW



Step 3. Otherwise...



NONE



Section 5

Step 1. Examine scores for **SADD** and **SDS**:

If **SADD** is **more than 10, OR**

If **SDS** is **more than 5 ...**



Proceed to Section 6

Step 2. Examine scores for **MAST** or **DAST**:

If **MAST** is **more than 14, OR**

If **DAST** is **more than 8 ...**



Overall Severity

MODERATE



Step 3. Otherwise...



LOW



Section 6

Step 1. Examine scores for **SADD** and **SDS**:

If **SADD** is **more than 23, OR**

If **SDS** is **more than 10 ...**



Proceed to Section 7

Step 2. Examine scores for **MAST** or **DAST**:

If **MAST** is **more than 29, OR**

If **DAST** is **more than 16 ...**



Overall Severity

SUBSTANTIAL



Step 3. Otherwise...



MODERATE



Section 7

Step 1. Examine these score combinations:

If **SADD** is **more than 23 AND**
MAST is **more than 36...**

OR

If **SDS** is **more than 10 AND**
DAST is **more than 20...**



Overall Severity

SEVERE



Step 2. Otherwise...



SUBSTANTIAL



DRUGS is not Checked (☐) in Section 2

Section 8

Step 1. Examine score for **SADD**:

If **SADD** score is **more than 10...** →

Proceed to Section 9

Step 2. Examine score for **MAST**:

If **MAST** score is **more than 6** →

Overall Severity

LOW



Step 3. Otherwise...

→

NONE



Section 9

Step 1. Examine score for **SADD**:

If **SADD** score is **more than 20...** →

Proceed to Section 10

Step 2. Examine score for **MAST**:

If **MAST** score is **more than 14** →

Overall Severity

MODERATE



Step 3. Otherwise...

→

LOW



Section 10

Step 1. Examine score for **MAST**:

If **MAST** score is **more than 14** →

Overall Severity

SUBSTANTIAL



Step 2. Otherwise...

→

MODERATE



5 SCORING EXAMPLES

The following figures give the administrator a visual example of how typical hand scoring for each questionnaire.

5.1 SADD

Scoring a typical SADD questionnaire.

SADD

Directions: The following questions cover a wide range of topics having to do with drinking. Please <u>read each question carefully</u> , but do not think too much about its exact meaning. Think about your <u>most recent</u> drinking habits and answer each question by placing a check mark in the box in the <u>most appropriate</u> column.		Never	Sometimes	Often	Nearly Always
1.	Do you find difficulty in getting the thought of drinking out of your mind?		✓		
2.	Is getting drunk more important to you than the next meal?		✓		
3.	Do you plan your day around when and where you can drink?			✓	
4.	Do you drink in the morning, afternoon and evening?		✓		
5.	Do you drink for the effect of alcohol without caring what the drink is?				✓
6.	Do you drink as much as you want regardless of what you are doing the next day?			✓	
7.	Given that many problems might be caused by alcohol, do you still drink too much?			✓	
8.	Do you know you won't be able to stop drinking once you start?			✓	
9.	Do you try to control your drinking by giving it up completely for days or weeks at a time?		✓		
10.	The morning after a heavy drinking session do you need your first drink to get going?			✓	
11.	The morning after a heavy drinking session do you wake up with definite shakiness in your hands?	✓			
12.	After a heavy drinking session do you wake up and wretch or vomit?	✓			
13.	The morning after a heavy drinking session do you go out of your way to avoid people?		✓		
14.	The morning after a heavy drinking session do you see frightening things that later you realize were imaginary?	✓			
15.	Do you go drinking and the next day find out that you have forgotten what happened the night before?		✓		

1
1
2
1
3
2
2
2
2
1
2
0
0
1
0
1
1
19

5.3 MAST

Scoring a typical MAST questionnaire.

MAST

Directions: Answer each question by checking the answer that applies to you.			Yes	No
1.	Do you feel you are a normal drinker?	<input checked="" type="checkbox"/>		
2.	Have you ever awakened the morning after some drinking the night before and found you could not remember a part of the evening before?	<input checked="" type="checkbox"/>		
3.	Does your wife, husband, partner or parents ever worry or complain about your drinking?	<input checked="" type="checkbox"/>		
4.	Can you stop drinking without a struggle after one or two drinks?		<input checked="" type="checkbox"/>	
5.	Do you ever feel bad about your drinking?	<input checked="" type="checkbox"/>		
6.	Do friends and relatives think you are a normal drinker?		<input checked="" type="checkbox"/>	
7.	Do you ever limit your drinking to certain times of the day or to certain places?	<input checked="" type="checkbox"/>		
8.	Are you always able to stop drinking when you want to?	<input checked="" type="checkbox"/>		
9.	Have you ever attended a meeting of Alcoholics Anonymous (AA)?	<input checked="" type="checkbox"/>		
10.	Have you gotten into fights when drinking?		<input checked="" type="checkbox"/>	
11.	Has drinking ever created problems with you and your spouse/partner?	<input checked="" type="checkbox"/>		
12.	Has your spouse/partner/other family member ever gone to anyone for help about your drinking?		<input checked="" type="checkbox"/>	
13.	Have you ever lost friends or girlfriends/boyfriends because of drinking?	<input checked="" type="checkbox"/>		
14.	Have you ever gotten into trouble at work because of drinking?		<input checked="" type="checkbox"/>	
15.	Have you ever lost a job because of drinking?	<input checked="" type="checkbox"/>		
16.	Have you ever neglected your obligations, your family or your work for two or more days in a row because you were drinking?	<input checked="" type="checkbox"/>		
17.	Do you ever drink before noon?	<input checked="" type="checkbox"/>		
18.	Have you ever been told you have liver trouble or cirrhosis?	<input checked="" type="checkbox"/>		
19.	Have you ever had delirium tremens (DTs), severe shaking, heard voices, or seen things that weren't there after heavy drinking?		<input checked="" type="checkbox"/>	
20.	Have you ever gone to anyone for help about your drinking?	<input checked="" type="checkbox"/>		
21.	Have you ever been in a hospital because of drinking?	<input checked="" type="checkbox"/>		
22.	Have you ever been a patient in a psychiatric hospital or mental health clinic or on a psychiatric ward of a hospital where drinking was part of the problem?	<input checked="" type="checkbox"/>		
23.	Have you ever been seen at a psychiatric or mental health clinic or gone to a doctor, social worker or clergyman for help with an emotional problem in which drinking had played a part?	<input checked="" type="checkbox"/>		
24.	Have you ever been arrested, even for a few hours, because of drunk behavior?	<input checked="" type="checkbox"/>		
25.	Have you ever been arrested for drunk driving or driving after drinking?		<input checked="" type="checkbox"/>	

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38

5.4 DAST

Scoring a typical DAST questionnaire.

DAST

Directions: Answer each question by checking the answer that applies to you.		Yes	No	
1.	Have you used drugs other than those required for medical reasons?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
2.	Have you abused prescription drugs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
3.	Do you abuse more than one drug at a time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
4.	Can you get through the week without using drugs (other than those required for medical reasons)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0
5.	Are you always able to stop using drugs when you want to?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
6.	Do you abuse drugs on a continuous basis?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
7.	Do you try to limit your drug use to certain situations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
8.	Have you had "blackouts" or "flashbacks" as a result of drug use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
9.	Do you ever feel bad about your drug use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
10.	Does your spouse/partner/parents ever complain about your involvement with drugs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
11.	Do your friends or relatives know or suspect you use drugs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
12.	Has drug abuse ever created problems between you and your spouse/partner?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
13.	Has any family member ever sought help for problems related to your drug use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
14.	Have you ever lost friends because of your drug use?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
15.	Have you ever neglected your family or missed work because of drug use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
16.	Have you ever been in trouble at work because of drug use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
17.	Have you ever lost a job because of drug use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
18.	Have you gotten into fights when under the influence of drugs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
19.	Have you ever been arrested because of unusual behavior while under the influence of drugs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
20.	Have you ever been arrested for driving while under the influence of drugs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
21.	Have you engaged in illegal activities in order to obtain drugs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
22.	Have you ever been arrested for possession of illegal drugs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
23.	Have you ever experienced withdrawal symptoms as a result of heavy drug intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
24.	Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
25.	Have you ever gone to anyone for help for a drug problem?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
26.	Have you ever been in a hospital for medical problems related to your drug use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
27.	Have you ever been involved in a treatment program specifically related to drug use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
28.	Have you been treated as an outpatient for problems related to drug use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1

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